

Please type or print in ink.

TP

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Antonetti Jerry H

1. Office, Agency, or Court

Agency Name

City of Dos Palos

Division, Board, Department, District, if applicable

Your Position

Board

Council Member

► If filing for multiple positions, list below or on an attachment.

Agency: JPA

Position: Board member

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of Dos Palos

☒ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2010.

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate: Election Year \_\_\_\_ Office sought, if different than Part 1: \_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this

I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/29/11  
(month, day, year)

Signature

## SCHEDULE D Income – Gifts

► NAME OF SOURCE  
Southwest Water  
 ADDRESS (Business Address Acceptable)  
624 South Grand Ave  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Suite 2900 90017  
 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  
9/1/10 \$ 100.00 Dinner/Clock

► NAME OF SOURCE  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  
 \_\_\_\_\_ \$ \_\_\_\_\_

► NAME OF SOURCE  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  
 \_\_\_\_\_ \$ \_\_\_\_\_

► NAME OF SOURCE  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  
 \_\_\_\_\_ \$ \_\_\_\_\_

► NAME OF SOURCE  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  
 \_\_\_\_\_ \$ \_\_\_\_\_

► NAME OF SOURCE  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  
 \_\_\_\_\_ \$ \_\_\_\_\_

Comments: \_\_\_\_\_